

APPENDIX III

MaineCare Temporary Filling Standardized Written Agreement Form

1. Independent Practice Dental Hygienist Section

By signing this form, I attest that I have entered into a written agreement with a dentist that meets the conditions of Chapter 101, MaineCare Benefits Manual, Chapter II, 25.07-6 (B)(2)

The effective dates of this agreement are:

Start date

End date

I will maintain a copy of this written agreement so that MaineCare may verify its terms and existence.

Name (print or type)

NPI

Signature

Date

Independent Practice Dental Hygienist

2. Dentist Section

By signing this form, I attest that I have entered into a written agreement with a dentist that meets the conditions of Chapter 101, MaineCare Benefits Manual, Chapter II, 25.07-6 (B)(2)

Name (print or type)

NPI

Signature

Date

Dentist